

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-050201

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JAN 3 1964

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis,</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis,</b>                                   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>Normandy</b>   |   | c. CITY OR TOWN <b>Pine Lawn</b>  |   |
| Length of stay in lb<br><b>3 Years</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Mother of Good Council Hm.<br/>6825 Natural Bridge Blvd.</b>   |   | d. STREET ADDRESS (If outside, give location)<br><b>#32 Blakemore Place</b>   |   |
| 3. NAME OF DECEASED (Type or print)<br>First <b>KATE</b> Middle <b>ENDERS</b> Last <b>ENDERS</b>   |   | 4. DATE OF DEATH<br>Month <b>December</b> Day <b>28,</b> Year <b>1963</b>   |   |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>                     | 8. DATE OF BIRTH<br><b>10-7-1884</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Own Home</b>  | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis, Missouri</b>    |
| 13a. FATHER'S NAME<br><b>James J. Connelly</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Bridget Loftus</b>  | 14. NAME OF HUSBAND OR WIFE<br><b>Joseph Enders, deceased</b>               |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |   | 16. SOCIAL SECURITY NO.<br><b>None</b>  |   |
| 17. INFORMANT<br><b>Mrs. Louis Koeneman, 5739 Janet Avenue</b>   |   | Address   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis</b><br>DUE TO (b) <b>Cerebral Arteriosclerosis</b><br>DUE TO (c) <b>Acute Pulmonary Edema</b>         |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>5 days</b><br><b>3 1/2 yrs.</b><br><b>5 days</b>   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a)<br><b>Diabetes Mellitus. Generalized Arteriosclerosis</b>   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |   |
| 20c. TIME OF INJURY<br>Hour <b>a.m.</b> Month, Day, Year   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |   |   |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |   | 20f. CITY, TOWN, OR LOCATION<br><b>St. Louis, Missouri</b>  |   |
| 21. I attended the deceased from <b>April 1960</b> to <b>12/28/63</b> and last saw her alive on <b>12/25/63</b><br>Death occurred at <b>7:50 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated. |   | 22a. SIGNATURE (Degree or title)<br><b>Memery Chinsky M.D.</b>  |   |
| 22b. ADDRESS<br><b>6223 Nat. Bridge</b>  |   | 22c. DATE SIGNED<br><b>12/30/63</b>   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  | 23b. DATE<br><b>Dec. 31, 1963</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Calvary Cemetery</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis, Missouri</b> |
| 24. FUNERAL DIRECTOR<br><b>CALVIN F. FEUTZ, 4828 Natural Bridge Blvd.</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>12-30-63</b>   |   |
| 26. REGISTRAR'S SIGNATURE<br><b>John B. Murphy M.D.</b>  |   |   |   |

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

Dr. Murray Chinsky  
6223 Natural Bridge Blvd.  
EV 5-7501

FILE IN COUNTY

HOURS: Monday, 10:30 AM 11:11 3:30 PM

0-08

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Robert E. Mahlerman

Licensed Embalmer No. 4916

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.